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CONFIRMATION NO. 8414

|   |   |                                   |   |  |                                    |
|---|---|-----------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/721,325  | <b>FILING OR 371(c)<br/>DATE</b><br>11/26/2003<br><b>RULE</b>   | <b>CLASS</b><br>604               | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY<br/>DOCKET NO.</b><br>22385.00 |                                    |
| <b>APPLICANTS</b><br>Tasheem Watkins, Clementon, NJ;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 02/26/2004</b>   |   |                                   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR<br/>COUNTRY</b><br>NJ | <b>SHEETS<br/>DRAWING</b><br>4  | <b>TOTAL<br/>CLAIMS</b><br>3               | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>TASHEEM WATKINS<br>39 NAYLOR AVE.<br>CLEMENTON ,NJ 08021  |   |                                   |   |  |                                    |
| <b>TITLE</b><br>INSULIN SYRINGE WITH MAGNIFIED SHEATH   |   |                                   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>685   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |